

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Healthcare Innovation Steering Committee***

**Meeting Summary**  
**May 14, 2015**

**Location:** Capitol Room 310, 210 Capitol Avenue, Hartford, CT

**Members Present:** Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Kathy Brennan (for Roderick L. Bremby); Patrick Charmel; Anne Foley; Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Courtland G. Lewis; Robert McLean; Jane McNichol; Jewel Mullen; Frances Padilla; Ron Preston (for Bruce Liang); Thomas Raskauskas; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

**Members Absent:** Nancy Wyman; Catherine F. Abercrombie; Tamim Ahmed; Raegan M. Armata; Miriam Delphin-Rittmon; Terry Gerratana; Katharine Wade; Michael Williams

**Call to Order and Introductions**

The meeting was called to order at 3:04 p.m. Victoria Veltri chaired the meeting in LG Nancy Wyman's absence. Participants introduced themselves.

**Public Comment**

Evelyn Barnum sent a letter regarding funding for the Medicaid Quality Improvement and Shared Savings Program (MQISSP) on behalf of the Community Health Center Association of Connecticut ([see letter here](#)).

Supriyo Chatterjee spoke regarding cultural and linguistic appropriate services standards ([see public comment here](#)). Ms. Veltri said that no one in the room would disagree with the importance of cultural competence.

Angela Lewis-Shakes, co-chair of the Caring Families Coalition, spoke of her concerns regarding the Department of Social Services' (DSS) oversight of health information technology ([see public comment here](#)). Thomas Raskauskas noted that one of his employees served on the Health Information Technology Council and he would share her concerns.

Sheldon Toubman, a staff attorney for Greater New Haven Legal Assistance Association, spoke of his concerns regarding MQISSP. He said the timeline presented was unrealistic and suggested that Steering Committee had oversight of the timeline. That responsibility fell within the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC). He also stated his agreement with Ms. Barnum's letter that the payments were too low and not realistic. He suggested the roll out of the MQISSP be scaled back. Dr. Raskauskas said there may be provisions under the State Innovation Model Test Grant that would place authority with the Steering Committee rather than the Care Management Committee. Mark Schaefer said that CMMI has authority under Medicare but that does not exist under Medicaid. There may be other means to achieve the program's goals. Ms. Veltri said that the protocol between DSS and the Program Management Office spells out the process for decision making.

## **Review and Approval of Meeting Summaries**

***Motion: to approve the summary of the April 9, 2015 meeting – Courtland Lewis; seconded by Alta Lash.***

**Discussion:** Alta Lash requested the minutes be amended with regard to discussion of a waiver. Her recollection was that Mark Schaefer and Kate McEvoy said there was no discussion of a waiver but rather looking at a state plan amendment. She requested the minutes be amended as stated; Jane McNichol seconded the amendment. Dr. Schaefer said it would not be accurate to say there was no discussion of a waiver. Ms. McEvoy confirmed DSS did intend to move towards approval of a state plan amendment.

***Amendment: that the minutes be amended to state that the discussion reflected that instead of a waiver, DSS would consider a state plan amendment – Alta Lash; seconded by Jane McNichol.***

***Vote: All in favor; Frances Padilla abstained.***

***Motion: to approve the summary of the April 9, 2015 meeting as amended – Alta Lash; seconded by Courtland Lewis.***

No additional discussion.

***Vote: All in favor; Frances Padilla, Courtland Lewis, and Kathy Brennan abstained.***

***Motion: to approve the summary of the April 24, 2015 special meeting – Alta Lash; Jan VanTassel.***

**Discussion:** None.

***Vote: All in favor; Robert McLean, Robin Lamott Sparks, Suzanne Lagarde, and Frances Padilla abstained.***

## **CAB Nominations to SIM Work Groups**

Jeffrey Beadle provided an overview of the process the Consumer Advisory Board underwent to nominate new members for the Health Information Technology Council, Equity and Access Council, and Consumer Advisory Board. They are recommending Victor Villagra and Tiffany Donelson for the HIT Council; Renee Gary for the Equity and Access Council, and Ann Smith for the Consumer Advisory Board.

There was discussion regarding the mix of experience among the consumer representatives. Mr. Beadle said that they do weight “boots on the ground” experience in their deliberations. He noted that there is a mix of experience in the candidates they have put forward to date – some have a high level of professional experience while others have advocated on behalf of themselves or other groups.

***Motion: to approve the recommendations of the Consumer Advisory Board for appointments to the Health Information Technology Council, Equity and Access Council, and Consumer Advisory Board – Frances Padilla; seconded by Robert McLean.***

There was no additional discussion

***Vote: 18 in favor, Thomas Raskauskas against, Jewel Mullen abstained.***

## **Communicating the SIM Vision**

Dr. Schaefer presented the SIM vision ([see presentation here](#)). The presentation is meant to provide an overview of the program.

Dr. Raskauskas expressed concern that doctors would need to make significant investments to participate without receiving funding for care coordination. Dr. Schaefer said that many commercial

providers are providing advanced payments and that both Medicare and commercial were increasingly providing care coordination fees. Dr. Raskauskas said that Medicaid was not buying into the model. Ms. McEvoy said that there is a contrast in approach. She noted that CMS started with a focus on shared savings rather than care coordination payments and that they only recently shifted course. She said that Medicaid was investing in primary care as they are maintaining Medicare-level payment rates for primary care; they are also maintaining advanced fee-for-service payments and performance improvement payments for their PCMH practices. She noted that FQHCs are not eligible for those payments. She said that they are operating within an environment of scarce resources and had to prioritize their investments. Anne Foley said that if something is in both the Governor's budget and the Appropriation Committee's budget, there should not be a reason to be concerned. If both groups felt it was important to fund, she would anticipate it would be in the final budget. She also noted that it was a two year budget and there were no guarantees beyond the two years.

Ron Preston asked about the audience for the presentation. He said that it was the first time he heard a soup-to-nuts presentation. He expressed concern that it may be difficult for lay people to follow. Frances Padilla said she appreciated the presentation as it ties everything together. She suggested identifying potential audiences and tweaking it accordingly. She also asked how the Medicaid health neighborhoods aligned with the health enhancement communities. Dr. Schaefer said that Ms. McEvoy would delve into the health neighborhoods program during her presentation. He said he didn't think existing programs tend to be more prevention process oriented, rather than driving down the rates of disease. The health enhancement communities would focus on rewards for driving down disease rates.

Courtland Lewis suggested the presentation be widely distributed particularly among physicians. He cautioned against placing too much emphasis on the health enhancement communities as it may sound too utopian. Both he and Robert McLean agreed with Dr. Raskauskas's comments on the investments required. Dr. McLean suggested revisiting the SIM budget in light of current budget restraints. Commissioner Mullen said that primary care is at a crisis state. She suggested including showing that addressing social determinants of health achieves a reduction in health disparities.

Ms. McEvoy noted that any primary care practice that is eligible for DSS's PCMH program will receive enhanced payments and that there is no change to that going forward. She said that under the MQISSP, enhanced payments are unique to FQHCs, which are currently not eligible for the program. There are differences in the funding amount proposed by the administration and the Appropriations committee that will be negotiated but, she said, there is no indication that there are differences between the two when it comes to primary care rates.

### **SIM Workstream Summary Report**

Dr. Schaefer said that the summary report is the first attempt to represent two years of major activities ([see report here](#)). He asked members for feedback. He noted that the next version will call out interdependencies. He also noted that the PMO worked with DSS regarding the timelines, but they are not set in stone. Bernadette Kelleher said some of the timelines seemed very aggressive. Dr. Schaefer said it was aspirational.

### **Medicaid Care Delivery and Payment Reforms**

Ms. McEvoy presented on Medicaid-specific care delivery and payment reforms ([see infographic here](#); [other materials found here](#)). The documents will also be shared with the MAPOC. Ms. McNichol asked about the Department of Children and Families' involvement. Ms. McEvoy said that while the program is focused on adults, it may be expanded to include the younger population and

that DCF is a planning partner. Ms. Lash asked about the elderly dual-eligible not currently in the Duals Demonstration. Ms. McEvoy said that they are included. Patricia Baker asked who received care coordination payments and how behavioral health and primary care were being integrated. Ms. McEvoy said that local mental health authorities received the care coordination payments and that typically, individuals with a primary behavioral health diagnosis approach behavioral health for care rather than traditional primary care. There are co-located units in the mental health authorities that focus on high-utilizer individuals. DSS's administrative service organizations also serve as a source of support.

Jan VanTassel asked if there are any 1915 state plan amendments. Ms. McEvoy said that under the elder program waiver, there is permission for a small number of adults who exceed the income limit to participate. Mr. Beadle asked what services were available under the home and community based waiver. Ms. McEvoy said that on the consumer engagement end, the Area Agencies on Aging and Centers for Disabilities provide information on assistance programs, including tax assistance. She said there was a document that shows the range of providers available. Ms. Veltri suggested sharing that document for distribution.

#### **Process for Council Recommendations**

This was not discussed due to a lack of time.

#### **Adjournment**

***Motion: to adjourn – Anne Foley; seconded by Jan VanTassel***

There was no discussion.

***Vote: all in favor.***

The meeting adjourned at 5:02 p.m.